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	APPLICATION NUMBER	FILING DATE	CLASS 436	SUBCLASS	GROUP ART UNIT	EXAMINER						
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		Assistant Examiner	Total Claims		Print Claim for O.G		
	UE FEE		DRAWING				
Amount Due	Date Paid	7					
			Sheets Drwg.	Figs.Drw	/Q·	Print Fig.	
TERMINAL DISCLAIMER		Primary Examiner		L		L	
		PREPARED FOR ISSUE	Application Examiner				
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